HILLVÍ EW HEALTHCARE CENTER 1615 SOUTH 22ND STREET

MI LWAUKEE Phone: (414) 671-6830 Ownershi p: 53204 Limited Liability Company Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 74 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 91 Title 19 (Medicaid) Certified? Yes Average Daily Census: 63 Number of Residents on 12/31/01: 63 *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	44. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	23. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	3. 2	Under 65	7. 9	More Than 4 Years	31. 7
Day Services	No	Mental Illness (Org./Psy)	41. 3	65 - 74	20. 6		
Respite Care	No	Mental Illness (Other)	20.6	75 - 84	30. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	34. 9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	6. 3	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	6. 3			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 2		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	92. 1		
Transportati on	No	Cerebrovascul ar	22. 2			RNs	10. 6
Referral Service	No	Di abetes	3. 2	Sex	%	LPNs	13. 9
Other Services	Yes	Respiratory	0.0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	36. 5	Aides, & Orderlies	44. 2
Mentally Ill	No			Femal e	63. 5		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care		l	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	3	6. 8	131	0	0. 0	0	2	18. 2	130	0	0. 0	0	1	100. 0	400	6	9. 5
Skilled Care	7	100.0	145	36	81.8	112	0	0.0	0	9	81.8	123	0	0.0	0	0	0.0	0	52	82. 5
Intermedi ate				5	11. 4	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7. 9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		44	100.0		0	0.0		11	100.0		0	0.0		1	100. 0		63	100. 0

HILLVIEW HEALTHCARE CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of $12/$	′31/01
Deaths During Reporting Period	,l						
					Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	,	Number of
Private Home/No Home Health	7. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1.6		65 . 1	33. 3	63
Other Nursing Homes	29.8	Dressi ng	7. 9		65. 1	27. 0	63
Acute Care Hospitals	61.4	Transferring	25. 4		47. 6	27. 0	63
Psych. HospMR/DD Facilities	0.0	Toilet Use	15. 9		49. 2	34. 9	63
Reĥabilitation Hospitals	1.8	Eating	60. 3		23. 8	15. 9	63
Other Locations	0.0	***************	*********	******	*********	**********	********
Total Number of Admissions	57	Conti nence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	12. 7		Respiratory Care	1.6
Private Home/No Home Health	20. 9	Occ/Freq. Incontinen	t of Bladder	47. 6	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	4. 5	Occ/Freq. Incontinen	t of Bowel	44. 4		Sucti oni ng	0. 0
Other Nursing Homes	16. 4	i •			Recei vi ng	Ostomy Care	1. 6
Acute Care Hospitals	26. 9	Mobility			Recei vi ng	Tube Feeding	11. 1
Psych. Hosp MR/DD Facilities	0.0	Physically Restraine	d	0. 0		Mechanically Altered Diets	39. 7
Rehabilitation Hospitals	0.0	, 			8	J	
Other Locations	0.0	Skin Care			Other Reside	ent Characteristics	
Deaths	31.3	With Pressure Sores		17. 5	Have Advan	ce Directives	100. 0
Total Number of Discharges		With Rashes		3. 2	Medications		
(Including Deaths)	67					Psychoactive Drugs	66. 7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

********************************** Bed Size: Ownershi p: Li censure: 50-99 Skilled Al l Thi s Propri etary Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 64.0 77. 1 0.83 86. 3 0.74 82.7 0.77 84. 6 0.76 Current Residents from In-County 100 82.7 1. 21 89. 4 1. 12 **85**. 3 1.17 77.0 1.30 Admissions from In-County, Still Residing 49. 1 19. 1 2.57 19. 7 2.50 21. 2 2.32 20.8 2. 36 Admissions/Average Daily Census 90.5 173. 2 0.52 180. 6 0.50 148. 4 0.61 128. 9 0.70 Discharges/Average Daily Census 106.3 173.8 0.61 0.58 150. 4 130.0 0.82 184. 0 0.71 Discharges To Private Residence/Average Daily Census 27.0 71.5 0.38 80. 3 0.34 **58.** 0 0.47 52.8 0.51 Residents Receiving Skilled Care 92. 1 92.8 0.99 95. 1 0.97 91.7 1.00 85. 3 1.08 Residents Aged 65 and Older 92. 1 86.6 1.06 90.6 1.02 91.6 87. 5 1.01 1.05 Title 19 (Medicaid) Funded Residents 69.8 71.1 64. 4 68. 7 0.98 51.8 1. 35 1.09 1.02 Private Pay Funded Residents 17.5 13.9 23.8 22. 0 1. 26 32. 8 0.53 0.73 0. 79 1. 3 2.37 1.3 2.40 0. 9 7. 6 0.42 Developmentally Disabled Residents 3. 2 3.38 Mentally Ill Residents 61.9 32. 5 1.90 32. 1 1.93 32. 2 1.92 33.8 1.83 General Medical Service Residents 0.0 20. 2 0.00 22. 8 0.00 23. 2 0.00 19. 4 0.00 53.3 52.6 1.01 50.0 1.07 51.3 1.04 49.3 1.08 Impaired ADL (Mean) Psychological Problems 66. 7 48.8 1.37 55. 2 1. 21 50. 5 1.32 51. 9 1. 28 1.27 7. 2 Nursing Care Required (Mean) 9.3 7.3 7. 8 1. 20 1. 29 7. 3 1. 27